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BIBDATASHEET

CONFIRMATION NO. 1925

Bib Data Sheet

SERIAL NUMBER 10/707,926	FILING DATE 01/26/2004 RULE	CLASS 029	GROUP ART UNIT 3729	ATTORNEY DOCKET NO. 21806-00146-US1
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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 10/035,186 01/04/2002 PAT 6,731,128
 and is a DIV of 09/615,198 07/13/2000 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/19/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>C. J. Leder</i> Examiner's Signature	Initials	DRAWING 7	5	1

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TITLE

TFI PROBE I/O WRAP TEST METHOD

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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